

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | SAC      | 698101 | 6/1      |
| O.I.P.E. CLASSIFIER       |          | ✓/3    | 6/16/00  |
| FORMALITY REVIEW          | M.M.     | 71629  | 8-4-00   |
| RESPONSE FORMALITY REVIEW | M.M.     | 71629  | 10-26-00 |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Date     |
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If more than 150 claims or 10 actions  
staple additional sheet here

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